

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008329

FILED
Apr 30, 2004
Secretary of State

Entity Name: REEDY CREEK MITIGATION, INC.

Current Principal Place of Business:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0848105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEIHNER, BRUCE W
Address: 901 NORTHPOINT PARKWAY, #108
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP () Delete
Name: BADER, GEORG
Address: 150 ALHAMBRA CIRCLE, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: CARTAYA, LIDIA
Address: 150 ALHAMBRA CIRCLE, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CONRADI, AXEL
Address: 150 ALHAMBRA CIRCLE, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: LOPEZ-CANTERA, CARLOS
Address: 2199 PONCE DE LEON BLVD., STE 200
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDIA CARTAYA

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04/30/2004

Electronic Signature of Signing Officer or Director

Date